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Manuscript Title: Best of Enemies: Using social network analysis to explore a policy network in European smoke-free policy

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Abstract

Networks and coalitions of stakeholders play a crucial role in the development and implementation of policies, with previous research highlighting that networks in tobacco control are characterised by an antagonism between supporters and opponents of comprehensive tobacco control policies. This UK-based study used quantitative and qualitative network analysis (drawing on 176 policy submissions and 32 interviews) to systematically map and analyse a network of actors involved in the development of European Union (EU) smoke-free policy. Policy debates were dominated by two coalitions of stakeholders with starkly opposing positions on the issue. One coalition, consisting primarily of health-related organisations, supported comprehensive EU smoke-free policy, whereas the other, led by tobacco manufacturers' organisations, opposed the policy initiative. The data suggest that, aided by strong political commitment of EU decision makers to develop smoke-free policy, advocates supporting comprehensive EU policy were able to frame policy debates in ways which challenged the tobacco industry's legitimacy. They then benefited from the stark polarisation between the two coalitions. The paper provides empirical evidence of the division between two distinct coalitions in tobacco policy debates and draws attention to the complex processes of consensus-seeking, alliance-building and strategic action which are integral to the development of EU policy. Highlighting network polarisation and industry isolation as factors which seemed to increase tobacco control success, the study demonstrates the potential significance and value of FCTC article 5.3 for tobacco control policy-making.

Keywords: European policymaking, smoke-free policy, policy network, advocacy, social network analysis, FCTC article 5.3; European Union

Word count: 7,874 (including abstract, references and tables)

Introduction

The investigation of public health policies is an integral part of public health research because political decisions considerably impact on population health. Stemming from a recognition that the development of effective public health policies require concerted effort from various stakeholders (Edwards, 2004; Heclo, 1975), the concept of policy networks, an approach which tries to capture the contribution of various actors in the development of policy, has received increasing attention among the academic community (Bomberg, Stubb, & Peterson, 2008; Marsh, 1998; Rhodes, 1997). Peterson and Bomberg (1999, p. 8) define a policy network as “a cluster of actors, each of which has an interest, or a ‘stake’ in a given [...] policy sector and the capacity to help determine policy success or failure”. As complex, non-hierarchical groups of mutually dependent actors that engage in policymaking (Heclo, 1975; Peterson, 2009), policy networks allow stakeholders with joint interests and similar values and positions to form alliances and jointly influence policymaking within a given area (Keck & Sikkink, 1998; Sabatier, 1998; Sabatier & Jenkins-Smith, 1993). While some scholars have critiqued concepts of policy networks as being insufficient to provide explanations for policy change or yield detailed insights into the dynamics of policymaking (Dowding, 1994; Dowding, 1995), others have argued that the analysis of policy networks can increase understanding of policy outcomes (Marsh & Smith, 2000). (For detailed reflections on the concept of policy networks and its application in different legislative contexts, see, for example, Bessusi, (2006) or Börzel, (1998). Despite of disagreement in the academic literature about the explanatory power of the policy network concept, social network analysis (SNA) has emerged as a useful tool to map and analyse networks of interconnected actors. One of the major strengths of SNA is its compatibility with other methodological approaches and its malleability to different political concepts.

Several scholars have highlighted the crucial role of networks and coalitions in the development and implementation of tobacco control policies (Cairney, 2007; Farquharson,

2003; Princen, 2007; Read, 1992). Their work suggests that policy networks in tobacco control are distinctly and unusually polarised and characterised by two groups which hold strongly opposing views and compete against each other when trying to advance their interests at the political level. Analysing the history of global tobacco control, Farquharson (2003, p. 90) argues that tobacco control policymaking is dominated by “two easily distinguishable and competing” alliances. She describes an anti-tobacco alliance of experts and activists who campaign for comprehensive tobacco control policy and whose views are diametrically opposed to those of tobacco sector representatives who aim to influence “tobacco policy at all levels of government, ensuring that regulations [...] are minimal” (Farquharson, 2003, p. 85). Elaborating on this idea, Smith (2013, p. 382) employs the term “tobacco wars” to describe the hostile debates between proponents and opponents of comprehensive tobacco control policy. A stark divide is also illustrated by articles describing Japanese (Sato, 1999), British (Arnott, Dockrell, Sandford, & Wilmore, 2007; Read, 1992), Scottish (Harrison & Hurst, 2005) and Irish (Currie & Clancy, 2011) tobacco control policy. Accounts of tobacco control policy suggest that opponents of tobacco control have historically been more successful in influencing national policies (Read, 1992; Sato, 1999), but that recently and with regard to smoke-free policies, tobacco control coalitions have emerged as a considerable counterforce against tobacco industry action (Arnott et al., 2007; Currie & Clancy, 2011; Drope, 2010; Harrison & Hurst, 2005). Cairney et al. (2011), who provide one of the most recent analyses of global tobacco control, confirm this shift in power within policy networks in tobacco control towards increasing recognition of public health and declining power of tobacco industry alliances.

While the existing literature on stakeholder engagement in tobacco control policy offers useful insights into the antagonism in tobacco control policy debates, most of it is either dated or based on observational accounts of policy processes. No study to date provides empirical evidence or a systematic analysis of the composition and dynamics of policy

networks and coalitions of stakeholders involved in tobacco control, a gap which this study aims to fill. Applying concepts of policy networks and alliance-building to an empirical study, this paper analyses the engagement and collaboration of organisational stakeholders in the development of EU action to reduce exposure to second-hand smoke (SHS). The paper, which is the first to employ qualitative and quantitative SNA of documentary and interview data to explore EU public health policymaking, aims to assess the utility of SNA for developing a comprehensive understanding of the structure and formation of a policy network in EU tobacco control policy, shed light on the extent and dynamics of the schism between tobacco industry and tobacco control advocates and explore how the division developed in the context of EU tobacco control policy. Contrasting existing tobacco control research, which has overwhelmingly focused on tobacco industry interference, this paper adds a new perspective on the broader dynamics of tobacco control policy by providing empirical data on the overall policy network and exploring the complex set of social interactions that occur in the political environment.

In the following section, the key events in the development of EU tobacco control and smoke-free policy are summarised. Then, the quantitative network analysis of 176 policy submissions and the qualitative analysis of 32 semi-structured interviews are described. After presenting findings on the policy network, its polarity, the position of EU institutions and the actions of tobacco control advocates, the paper discusses potential reasons for the structure, formation and dynamics of the network and outlines implications for tobacco control policy and practice.

The development of EU tobacco control and smoke-free policy

Despite its limited competence to adopt public health legislation, the EU has built a substantial track record of tobacco control policy. EU initiatives to tackle tobacco were first triggered by the Europe against Cancer Programme and the establishment of the Bureau for

Action on Smoking Prevention in the late 1980s, followed in subsequent decades by several directives concerning tobacco advertising, tobacco products and the exposure to SHS in the workplace. In 1989, negotiations were initiated concerning a Europe-wide tobacco advertising ban, which, after years of tobacco industry opposition, political deadlock and a court case in the European Court of Justice, came into force in 2006. At the same time, EU institutions negotiated larger health warning labels, disclosure of ingredients and additives, ceilings for tar, nicotine and carbon monoxide, and prohibition of misleading descriptors on cigarette packaging, leading to the European tobacco products directive in 2001.

Despite demonstrating considerable public health successes, the history of EU tobacco control policy provides overwhelming evidence of tobacco industry opposition to, and success in delaying, modifying and preventing, effective tobacco control policies (Bitton, Neuman, & Glantz, 2002; Mandal et al., 2009; Neuman, Bitton, & Glantz, 2002; Smith et al., 2010). Strategies included lobbying policymakers, contesting the policy process and legal challenges. An increased awareness of industry interference has led public health advocates to fight for the exclusion of tobacco industry representatives from tobacco control policy debates (Corporate Accountability International & NATT, 2008; International Union Against Tuberculosis and Lung Disease, 2012; World Health Organization, 2009). Calls are frequently made with reference to article 5.3 of the World Health Organisation Framework Convention on Tobacco Control (FCTC), which requires parties to protect tobacco control policies “from commercial and other vested interests of the tobacco industry in accordance with national law” (World Health Organization, 2003, p. 7), an obligation assumed by the EU in becoming party to the FCTC in 2005.

[Insert table 1 here]

The EU level process of developing policy to tackle exposure to SHS in workplaces and public places (summarised in Table 1) began with the release of a Green Paper by the Directorate General for Health and Consumers of the European Commission (DG SANCO) in January 2007, which outlined the harms caused by SHS and potential policy options to tackle the problem via the action of EU institutions (DG SANCO, 2007a). DG SANCO initiated a broad public consultation process, generating a total of 311 submissions, including 176 organisational responses (DG SANCO, 2007a). Many submissions expressed support for EU action, with 60% favouring comprehensive EU smoke-free policy without exemptions (DG SANCO, 2007b). In a November 2007 consultation report, the European Commission declared its commitment to assisting EU member states in implementing comprehensive smoke-free legislation (DG SANCO, 2007b). In the following months, DG SANCO commissioned a report analysing the proposed policy options (Scoggins, de Vries, Conklin, & Hatziaandreu, 2009) and established an Inter-Service Steering Group to support work on the impact assessment (DG SANCO, 2008). As part of the impact assessment, DG SANCO invited stakeholders to a targeted consultation (DG SANCO, 2008), resulting in 38 interest representatives (of which 25 represented health and social organisation, 13 industry and one a UK-based smokers' rights organisation) attending two consultation meetings on 19 March 2008 (DG SANCO, 2008). On 30 June 2009, DG SANCO published an impact assessment report (DG SANCO, 2009a) and a proposal for a Council Recommendation on smoke-free environments (DG SANCO, 2009b). The proposal, which recommended EU member states to adopt comprehensive smoke-free policies, was transmitted to the Council of the EU and the European Parliament and adopted with minor amendments on 30 November 2009 by the Council (Employment, Social Policy, Health and Consumer Affairs) (Council of the European Union, 2009).

Methods

This study was conducted at the University of Edinburgh, UK, between October 2009 and December 2012. Publicly available policy documents of relevance to the process of adopting EU smoke-free policy (earlier drafts of the policy, responses and opinions produced by EU institutions, minutes of meetings, consultation submissions, briefings, reports, surveys, research reports and other documents) were reviewed. The consultation submissions of 176 organisational actors were selected for quantitative network analysis. Textual data from these submissions were extracted and converted into relational data. Each organisation submitting a response to the public consultation was registered as a node. Each node was assigned a number of attributes, including the type and main focus of the organisation, its member state affiliation and primary focus on national, EU or global politics and its position on the policy proposal. In order to identify proxies for a general willingness of organisations to collaborate, their employment of similar arguments and active collaboration at an operational level, the following assumptions were made: two submitting organisations were assumed to have some kind of relationship if: (i) organisation B was mentioned as a collaborating partner on the website or in the submission of organisation A; and/or (ii) organisation A cited three or more references in its submission which were also cited in the submission of organisation B; and/or (iii) an analysis using plagiarism detection software showed that the submission of organisation A was at least 40% identical to that of organisation B. The data were analysed using UCInet Version 6 (Borgatti, Everett, & Freeman, 2002) and graphically depicted using NetDraw (Borgatti, 2002). This procedure allowed graphical mapping, and systematic and quantitative analysis, of the structure and composition of the policy network.

Qualitative data were gathered through 32 semi-structured, narrative interviews with decision makers, stakeholders and other individuals involved in the development of EU smoke-free policy. Interviewees were selected using purposive sampling from a list of key individuals who had been identified as involved in the development of EU smoke-free policy via the review of publicly available documentary data. 48 individuals were contacted, of

which six declined and five did not respond. 35 individuals were interviewed (Table 2), including decision makers (i.e. politicians and civil servants), representatives of public health advocacy organisations, scientific institutions, professional bodies, social partner organisations, the tobacco, ventilation and other commercial sectors. The documentary review and a number of informal pre-pilot conversations informed the development of an interview topic guide. The topic guide included a narrative part and questions on the interviewees' involvement in the development of EU smoke-free policy. Interviews took place between March and July 2011 and lasted, on average, 60 minutes. Each interviewee's preferred level of confidentiality was recorded and their informed consent was obtained. Interviews were transcribed verbatim and analysed using QSR NVivo Version 7 (QSR International, 2007). Responding to respective requests, six interviewees cross-checked their interview transcripts or individual quotes that were taken from their interviews, resulting in minor changes to the wording of the transcripts. A hermeneutic analytical procedure was developed which involved an iterative process of identifying themes, coding and repeatedly comparing them across sub-samples and thematically analysing the data until the analysis of additional interviews did not generate substantively deeper insights, suggesting that data saturation had been reached and data collection could be ended (Gaskell, 2000). The interviews helped to tease out knowledge from political insiders and gain more detailed information about the policy network, stakeholder engagement, actor constellations and reasons for and barriers to engagement. Combining qualitative and quantitative analysis and different data sources helped to compare and contrast different accounts and develop a comprehensive understanding of the network of actors involved in the development of EU smoke-free policy. Ethical approval for the study was obtained from the Research Ethics Committee of the University of Edinburgh School of Health in Social Science. For a detailed description of, and reflection on, the methodology, see Weishaar et al. (2015).

[Insert table 2 here]

Findings

The 176 consultation responses to the Green Paper included responses from 86 health-related organisations, 35 tobacco industry organisations, 36 national, regional or local authorities, 16 social partners, two EU institutions and one representative of another industry sector (description of organisations based on categorisations undertaken by DG SANCO (2007b)).

The quantitative network analysis showed that half of all stakeholders (n=88) were part of the main component of the network, whereas the other actors (n=88) either had no relationships with any other organisation that had submitted a response (n=70) or were members of smaller network components (n=18). The smaller components and isolates mainly consisted of social partners, EU institutions, and national, regional and local authorities, whereas the main component was almost exclusively made up of health-related and tobacco industry organisations. Two distinct alliances were identified by applying the Girvan Newman algorithm to split the main component into groups based on their connectedness within the network (Girvan & Newman, 2002). In line with claims about the division of stakeholders in tobacco control policy, one group (hereafter: Supporters' Alliance) consisted almost exclusively of health-related organisations (i.e. health NGOs and health promotion organisations, scientific organisations, organisations representing medical professionals, pharmaceutical companies), which collaboratively supported comprehensive EU smoke-free policy without exemptions and largely referred to FCTC article 8 and the respective guidelines for implementation to support their calls. The other group (hereafter: Opponents' Alliance) consisted of tobacco industry organisations (i.e. transnational tobacco companies, a tobacco trade association and a tobacco trade union), which largely opposed the policy initiative and argued for exemptions for the hospitality sector and other venues (Figures 1 and 2). The interview and documentary data showed that the members of the Opponents' Alliance

seemed motivated by a desire to advance their economic interests, whereas the members of the Supporters' Alliance fought for strong public health measures and against what they perceived as undue interference of tobacco industry actors in EU smoke-free policy.

[Insert figure 1 here]

Figure 1: Policy network, organisations' position on policy initiative

Legend to figure 1 if grey shades are used:

Black: Opposing comprehensive EU smoke-free policy, Grey: Supporting comprehensive EU smoke-free policy, White: n/a

Legend to figure 1 if shapes are used:

Square: Opposing comprehensive EU smoke-free policy, Circle: Supporting comprehensive EU smoke-free policy, Up triangle: n/a

[Insert figure 2 here]

Figure 2: Policy network, type of organisations

Legend to figure 2 if grey shades are used:

Black: Tobacco industry organisation, Dark grey: Health-related organisation, Light grey: national, regional or local authority, White: Social partner organisation

Legend to figure 2 if shapes are used:

Square: Tobacco industry organisation, Circle: Health-related organisation, Up triangle: national, regional or local authority, Circle in box: Social partner organisation

The division of the network was largely based on officially reported relationships between the organisations that had submitted a consultation response. In line with this, interviewees recalled having activated pre-existing relationships and structures when lobbying for EU

smoke-free policy, suggesting that the divided structure of the network reflected a more general, long-standing disunion between health-related and tobacco industry organisations.

[Insert Table 3 here]

A systematic comparison of the two groups (Table 3) showed that the Supporters' Alliance was more than 2.5 times larger than the Opponents' Alliance. While both alliances displayed similarly low density¹ scores (suggesting a high number of inactive contacts, relatively low levels of cohesion and slow dissemination of information), densities within each alliance were a lot higher among a group of central actors that seemed to exchange information and draft texts and collaborate closely on the issue of EU smoke-free policy. Collaboration within both alliances seemed to be facilitated by key organisations which held strategic positions in the alliance and took the lead in the lobbying campaign. The members of the Supporters' Alliance reflected on the strategic guidance of a core group of European tobacco control and public health organisations, which were crucial in facilitating collaboration. The Opponents' Alliance, on the other hand, had a higher degree of centralisation and a more hierarchical structure and seemed primarily led by the Confederation of European Community Cigarette Manufacturers.

The interview data clearly confirmed the distinct division of the network, with interviewees describing stakeholders as being "*on the left side or [...] on the right side*" (*public health advocate*) and their interactions as "*water and fire*" (*analyst*). They emphasised that the positions of the two coalitions were "*black and white and right and wrong*", allowing "*no shades of grey, nothing in between*" (*public health advocates*) and no scope for consensus. Many members of the Supporters' Alliance even seemed to feel that

¹ Density calculations measure the proportion of all possible connections between two actors that are present in a network or a group, providing an index of the degree of paired connection in a population (Hanneman & Riddle, 2005). Density measures network cohesion, with information assumed to pass quicker through a highly dense network than a network with a low density score (Provan, Harvey, & de Zapien, 2005).

compromise was undesirable and that “*reaching some middle ground consensus*” (*public health advocate*) between the two groups would be alarming. Asked about the reasons for the stark division, members of the Supporters’ Alliance used very strong imagery to describe that the tobacco industry’s core business was to increase profits by marketing cigarettes and that their interests were therefore diametrically opposed to effective tobacco control policy and the underlying values of those supporting comprehensive smoke-free policy.

[The polarity exists] because [tobacco is] a product that kills half of all of its long-term customers. ...And you know, the tobacco industry are promoting [and] marketing a lethal product to our children. ...They are merchants of death, you know. (public health advocate)

The vested interests of the tobacco industry and past experiences with tobacco industry interference in tobacco control policy were drawn on to argue that tobacco industry representatives were bound to hamper effective EU smoke-free policy. Tobacco control advocates argued that tobacco industry representatives “*should not be treated as normal stakeholders*” or “*have the place to be influencing*” public health policy debates, thereby providing an additional frame for the division between the two groups and for the comparatively higher value of the Supporters’ Alliance’s input. They drew on FCTC article 5.3 to substantiate their claims that tobacco industry representatives were not to be consulted on EU smoke-free policy and should be excluded from the policy debates. In contrast, stakeholders affiliated with the tobacco industry argued that tobacco industry exclusion contravened democratic principles and highlighted that political procedures had to be transparent, allow everyone affected to express their opinion and ensure equal treatment. Interviewees reported that the opposing views of the two alliances resulted in “*real animosity*” (*social partner representative*), reluctance to interact and “*an iron wall of no discussion*” (*lobbyist*).

While the sociogramme of two clearly separate groups provided a graphical depiction of the two alliances' strongly contrasting positions on the policy initiative and the fundamental controversy regarding the legitimacy of stakeholders in the policy debates, it also drew attention to three organisations which bridged the gap between the two coalitions. The bridge consisted of a German trade association (in the middle), which was a member of a German public health umbrella organisation (a member of the Supporters' Alliance) and also linked through membership with a German tobacco manufacturers' representative (a member of the Opponents' Alliance). The interview data showed that the German public health organisation seemed less strongly opposed to tobacco industry engagement in the policy debates and more sympathetic to the views of tobacco industry representatives than other members of the Supporters' Alliance. Interviewees reported that the organisation was of the opinion that tobacco industry representatives had to be "*heard as an affected party*" (*public health advocate*), suggesting that the bridging organisation was far more accepting of consultations with tobacco industry representatives than more central members of the Supporters' Alliance, who argued that tobacco industry representatives should not be "*asked*", "*consulted*", "*involved*" or "*have an input*" in the development of smoke-free policy. A possible explanation for all bridging organisations being based in Germany might be that their positions in the network mirror the higher acceptance of the tobacco industry in German society and politics (Grüning & Gilmore, 2007; Grüning, Gilmore, & McKee, 2006).

From the start of the policy process, the European Commission indicated its commitment to effective smoke-free policy by acknowledging the detrimental effect of exposure to SHS, the potential positive effects of comprehensive smoke-free policies, the EU's obligations under FCTC, the inadequacy of existing national and EU policies and the need to develop EU policy (DG SANCO, 2007a). Accordingly, interviews indicated that DG SANCO representatives and other EU decision makers, who held key positions in the policy process, were largely supportive of comprehensive EU smoke-free policy, showed

considerable commitment to push for EU level action and were in regular contact with members of the Supporters' Alliance to exchange information and consult on the issue. Brussels-based advocates reported that the international negotiations on FCTC article 8 had mobilised DG SANCO representatives to develop EU policy to tackle the harm caused by SHS. DG SANCO's expressed will to transform FCTC article 8 into EU policy seemed to result in considerable action to develop comprehensive smoke-free policy and encouraged those in favour of EU level action to support the initiative. A public health advocate recalled:

[We were not...] so much...pushing for the recommendation [but] it was something that DG SANCO wanted to do. They seemed to think that even though the article 8 guidelines had been adopted, those guidelines needed to have, kind of like, a specific EU imprimatur if you like and an official endorsement. ...So once they said that they were going to do that, then we were happy to weigh in support. (public health advocate)

In addition to the European Commission, other EU institutions emerged as supporters of comprehensive EU smoke-free policy during the policy process. The Council of the EU's response to the Green Paper, for example, acknowledged "the need for Community guidance to further promote tobacco-smoke free environments at EU level" (Council of the European Union, 2007, p. 14), and the European Parliament resolution was even more supportive, calling for EU legislation to ban smoking in all workplaces and for other measures to reduce exposure to SHS (European Parliament, 2007).

Mirroring the political will to advance smoke-free policy, calls by the Supporters' Alliance for tobacco industry exclusion in line with requirements under FCTC article 5.3 received support from staff at the European Commission. However, representatives of EU institutions were faced with difficult decisions regarding the consultation of tobacco industry representatives in the policy process. Decision makers reported that they had to respect formal obligations under the Treaty of Amsterdam (European Union, 1997), the European Commission's minimum standards for consultation (European Commission, 2002) and the

impact assessment guidelines (European Commission, 2005), and thus needed to widely consult stakeholders on the issue. One member of the Supporters' Alliance acknowledged the difficulties that decision makers were faced with as they continuously balanced conflicting demands and interests in the regulation of a legal product:

"It's all legal products.It's not a banned product. [...Decisions about how to deal with the tobacco industry] are walks on the tightrope and you always have...to see that you abide by the democratic rules of the game." (public health advocate)

The challenges in terms of finding modes of consultation that were aligned with the European Commission's commitments to consultation while abiding by FCTC article 5.3 became particularly apparent during the stakeholder meetings on 19 March 2008, which had been convened by DG SANCO "to seek input [...] and obtain valuable information from stakeholders directly" (DG SANCO, 2008, p. 16). DG SANCO had initially issued separate invitations to industry representatives (e.g. representatives of tobacco, pharmaceutical and other companies) for a meeting with "business representatives" in the morning, and to European and international health experts, representatives of civil society organisations and social partners to a meeting in the afternoon (DG SANCO, 2008, p. 26). While holding two separate stakeholder meetings seemed a way of managing competing interests, DG SANCO's a priori allocation of stakeholders emerged as an issue of dispute, was criticised for being *"based on a type of pigeonholing or categorisation that was not comprehensible"* (ventilation sector representative) and led to strong expressions of discontent. Some tobacco control advocates felt that holding a general industry meeting granted tobacco companies the same legitimacy as other industry stakeholders and contravened FCTC article 5.3. In order to isolate tobacco industry representatives, tobacco control advocates subsequently encouraged pharmaceutical sector representatives to refuse attendance at the industry meeting and persuaded European Commission representatives to allow them to attend the afternoon meeting. At the start of the afternoon meeting, a dispute emerged regarding the attendance of

a representative of FOREST, a British smokers' rights organisation (DG SANCO, 2008). Referring to FOREST's history and its considerable reliance on tobacco industry funding (Ely, 1989; Evans, 1982; Smith & Malone, 2007; Thompson, 2012), public health advocates argued that FOREST represented tobacco industry interests and should be excluded from the meeting. Their complaints resulted in the meeting being divided, with representatives of public health organisations, social partners and the pharmaceutical industry attending the primary meeting, and the FOREST representative meeting with DG SANCO representatives separately afterwards (DG SANCO, 2008).

The data presented above provide evidence of public health advocates' success in framing debates on tobacco industry engagement in the development of EU smoke-free policy. Interviewees reported that tobacco control advocates had not only been able to present themselves as credible and legitimate stakeholders but had managed to make their concerns heard regarding the need to restrict tobacco industry engagement and successfully directed the course of events. Interviewees postulated that key advocates had employed "*a very calculated strategy*" (*public health advocate*) aimed at isolating the tobacco industry and managed to "*charge the whole debate in a highly moral manner*" (*ventilation sector representative*) by presenting themselves "*as 'the good ones'*" (*ventilation sector representative*). One member of the Supporters' Alliance claimed that the vociferousness of tobacco control advocates had been instrumental in shifting decision makers' perception whether certain commercial actors were able to make a valuable contribution to the policy debate and thus their consideration of these stakeholders' positions:

So that perception was changed [...and what became important was...] whether you have a credible voice or expertise or input into the policy discussions about health or not. In the end, the commercial or the non-commercial nature of the organisation is secondary to whether that organisation has something positive to contribute to questions of health.

(lobbyist)

Tobacco control advocates also highlighted that the final policy document was consistent with the position that had been pushed by the Supporters' Alliance, making the development of *"smoke-free [...policy...] a success story"*. Tobacco industry representatives, on the other hand, remarked that they had *"not been successful in [obtaining] anything"* they had requested. The interview and documentary data thus suggest that the Supporters' Alliance emerged as the stronger, dominant and more successful alliance in the debates on EU smoke-free policy.

Discussion

Previous work on stakeholder engagement in tobacco control has described the "adversarial nature" of tobacco control (Farquharson, 2003, p. 80). This study is the first to employ SNA to comprehensively map and systematically analyse a policy network in tobacco control. Using a mixed method approach to SNA, our paper not only provides empirical evidence that smoke-free is a policy area which is characterised by a stark division between two competing coalitions of stakeholders, but provides an in-depth analysis of the factors influencing the network's polarity. Drawing on EU smoke-free policy as an example, the study highlights that stakeholders, holding starkly contrasting positions regarding the nature of the public health problem and potential policy solutions, split into two opposing stakeholder coalitions. One coalition primarily comprised of public health and tobacco control organisations supporting comprehensive EU smoke-free policy without exemptions, the other consisted of industry-affiliated actors opposed to comprehensive policy measures. By providing valuable insights into EU tobacco control policymaking, the study suggests that SNA holds immense potential for exploring networks in public health policy and developing a better understanding of the "political determinants of health" (Bambra, Fox, & Scott-Samuel, 2005, p. 188).

The analysis suggests that supporters of smoke-free policy were successful in promoting effective tobacco control policy, consistent with recent research which indicates

that tobacco control advocates are increasingly able to fight tobacco industry opposition (Cairney et al., 2011). Our findings indicate that stakeholders supporting comprehensive EU smoke-free policy deliberately nurtured the perception of a polarised network. Perceiving polarised debates about smoke-free policy and tobacco industry legitimacy as potentially benefiting the development of comprehensive EU smoke-free policy, tobacco control advocates focused debates on regulating tobacco industry engagement and successfully employed FCTC article 5.3 to substantiate their claims for tobacco industry exclusion from EU smoke-free policy development. Such calls seemed to be well received by key representatives of EU institutions, resulting in political perceptions that tobacco industry representatives would not constructively contribute to the policy debates. Indeed, framing debates around tobacco industry exclusion and thereby enforcing the polarised nature of the policy network seemed to be key factors in tobacco control advocacy success. By providing evidence that public health advocates successfully questioned the legitimacy of tobacco industry interests in EU tobacco control policy, the paper highlights that FCTC article 5.3 can provide a useful tool for tobacco control advocates to raise awareness of the vested interests of tobacco industry representatives and their potentially detrimental impact on tobacco control. It thus echoes tobacco control researchers and advocates, who stress the importance of FCTC article 5.3 for the development, adoption and implementation of successful tobacco control policy (Action on Smoking and Health UK, 2010; Crosbie, Sebrie, & Glantz, 2012). The analysis also suggests that debates on smoke-free policy seemed to lend themselves to the strategy of using FCTC article 5.3, and that respective arguments may therefore have been particularly persuasive in this instance.

The analysis of the development of EU smoke-free policy draws attention to the receptiveness of EU decision makers to calls for tobacco industry exclusion and the strong political commitment to develop comprehensive EU smoke-free policy. By indicating that the well-disposed attitude and support of key decision makers offered opportunities for tobacco

control advocates to promote their interests and was essential for the adoption of comprehensive EU smoke-free policy, our study supports previous research which highlights political commitment and leadership as an important determinant of tobacco control policy success (Currie & Clancy, 2011; Mandal et al., 2009). Such findings suggest that the political venue in which a policy is negotiated and the degree of political leadership strongly influence the opportunities of stakeholders to engage in policy debates and build alliances. However, decision makers' attitudes about the role of tobacco industry representatives in current EU tobacco control policy indicate that the situation with regard to policies on tobacco smuggling or product regulation may be different. Contrasting DG SANCO's receptiveness to calls for tobacco industry exclusion from smoke-free policy debates, existing agreements between the European Commission and three major transnational tobacco companies (European Commission, 2004, 2007, 2010) provide evidence that other Directorate Generals of the European Commission openly collaborate with tobacco industry representatives on illicit trade and are less receptive to arguments which call for precautionary measures against tobacco industry interference (Lieberman, 2012; Lieberman, Blecher, Carbajales, & Fishburn, 2011). It can thus be assumed that the structure and dynamics of policy networks in other areas of EU tobacco control policy differ considerably from the network presented in this paper. Whether FCTC article 5.3 can be equally applied to arguing against tobacco industry engagement in tobacco control initiatives tackling product regulation or illicit trade seems therefore questionable.

While the study provides interesting insights into tobacco control policymaking, a limitation is its focus on policy development at an EU level and its relative disregard for the implementation of the Council Recommendation on smoke-free environments at national levels. The strong wording of the Council Recommendation, the political support for the policy and the seeming success of the members of the Supporters' Alliance suggest that EU smoke-free policy is an example of a political 'win' in EU tobacco control. However, several

years after its adoption by the Council of Ministers, many EU member states still provide insufficient protection from exposure to SHS and major problems remain regarding implementation and enforcement of national smoke-free policies (DG SANCO, 2012; Directorate General Health and Consumers, 2013). A comparison of the formation, functioning and impact of national-level tobacco control networks could provide an interesting area of future research and help assess the success of those supporting public protection from SHS in arguing for tobacco industry exclusion and advancing comprehensive smoke-free legislation at national level.

Conclusion

Building on previous research on EU policymaking, this paper shows that SNA is a useful tool to investigate the constraints and opportunities of members of a policy network and provides valuable insights into the complex interactions that occur in the political environment. Drawing on EU smoke-free policy as a case study, the paper provides empirical evidence of the stark division of a network of actors involved in EU tobacco control policy and the ability of supporters of comprehensive EU smoke-free policy to frame debates, advance effective tobacco control and benefit from strong commitment of key decision makers to develop respective policies. It highlights how tobacco control advocates successfully built strategic alliances with decision makers who were sympathetic to their cause, employed FCTC article 5.3 to draw attention to the vested interests of tobacco companies, called for tobacco industry regulation in the policy debates, and eventually benefited from the stark controversies which they had fostered and pursued. Future research into the structure, context and degree of polarisation of policy networks in other legislatures and with regard to other tobacco control policies could confirm whether those supporting effective public health policy consistently dominate tobacco control debates and considerably

increase understanding of the factors which contribute to the development of successful public health policy.

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Table 1: Timeline of events leading to the adoption of the Council Recommendation on smoke-free environments

Date	Event
30 January 2007	European Commission Green Paper “Towards a Europe free from tobacco smoke: policy options at EU level”
January - June 2007	Public consultation process on smoke-free policy
November 2007	Report on the Green Paper Consultation, including a declaration of commitment to assisting EU member states in implementing comprehensive smoke-free legislation
December 2007	Commissioning of a report and establishment of the Inter-Service Steering Group to analyse the proposed policy options
19 March 2008	Targeted stakeholders consultation meetings
30 June 2009	Adoption of the proposal for a Council Recommendation on smoke-free environments and publication of impact assessment as an accompanying document
30 November 2009	Adoption of the Council Recommendation on smoke-free environments

Table 2: Types of interviewees

Stakeholder category	Number
Public health advocacy organisation	13
Decision makers	5
Scientific institution	4
Tobacco sector	4
Social partners	4
Other commercial sectors	3
Ventilation sector	1
Organisation representing health professionals	1
Total	35

Table 3: Social network measures for the two main groups of the network

Network measures	Opponents' Alliance	Supporters' Alliance
Size (number of nodes)	24	64
Density	0.29	0.10
Centralisation	44.7%	26.9%



